

**IN THE SUPERIOR COURT OF COBB COUNTY  
STATE OF GEORGIA**

Plaintiff: \_\_\_\_\_ ,  
and  
Defendant: \_\_\_\_\_ .

Civil Action  
File No. \_\_\_\_\_  
Judge \_\_\_\_\_

**MOTHER=S CONSENT TO LEGITIMATION**

1. I, \_\_\_\_\_ am the mother of the following child(ren):

<u>Name</u>	<u>Male/Female</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. I hereby consent in writing to the following: *(check any to which you consent)*

- ☐ The legitimation of the child(ren) listed above by the Plaintiff/ biological father,  
\_\_\_\_\_.
- ☐ The change of the child(ren)=s last name to \_\_\_\_\_.
- ☐ The consideration by the Court of the issue of custody in this action for legitimation.
- ☐ The consideration by this Court of the issue of visitation only in this action for legitimation.

3. I make this consent freely and knowingly. I have not been forced to sign this consent, and I am not under any duress at the time that I am signing this consent to legitimation.

This the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
MOTHER/DEFENDANT

Mother's name (print): \_\_\_\_\_

Mother's address: \_\_\_\_\_

\_\_\_\_\_  
Mother's phone number \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary public  
My commission expires:

**(NOTE: An Acknowledgment of Service will also be required.)**